

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

03

16

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		535866.50
(b) Cash on Hand at Beginning of Reporting Period .....	535866.50	
(c) Total Receipts (from Line 19) .....	52431.51	52431.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	588298.01	588298.01
7. Total Disbursements (from Line 31) .....	7352.54	7352.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	580945.47	580945.47
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45425.00	45425.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	6447.50	6447.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	51872.50	51872.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	51872.50	51872.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	559.01	559.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	52431.51	52431.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52431.51	52431.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		852.54	852.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		852.54	852.54
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6500.00	6500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		7352.54	7352.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		7352.54	7352.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	51872.50	51872.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51872.50	51872.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	852.54	852.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	852.54	852.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Stuart Anness Mailing Address 3267 Westbourne Drive City State Zip Code Cincinnati OH 45248-5130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>01 / 05 / 2006</div> <b>Transaction ID:</b> 3DYSBR341385 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) William Argus Mailing Address 7030 Pointe Inverness Way Suite 240 City State Zip Code Fort Wayne IN 46804-7930 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>01 / 24 / 2006</div> <b>Transaction ID:</b> CJV477787849 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Vasant Balar Mailing Address 224 E Bearss Avenue City State Zip Code Tampa FL 33613-1625 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>01 / 05 / 2006</div> <b>Transaction ID:</b> 3DYSBR260265 Amount of Each Receipt this Period <div>300.00</div> Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

**1165.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Laurie Barber		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Uams Department Ophtha 4301 W Markham Slot 523		<b>Transaction ID:</b> CJUW1T316359
City Little Rock	State AR	Zip Code 72205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Batch Tool - PAC

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Barron		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 3101 Mercedes Drive		<b>Transaction ID:</b> 3DYXP6052543
City Monroe	State LA	Zip Code 71201-5153
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

<b>C.</b> Full Name (Last, First, Middle Initial) Wendall Bauman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 137 Primrose Place		<b>Transaction ID:</b> 1TV21F8ENYD3
City San Antonio	State TX	Zip Code 78209-3832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PACWEB GENERATED CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 8 / 38

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Berger		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 3705 Medical Parkway Suite 410		<b>Transaction ID:</b> 3DYSBR171601
City Austin	State TX	Amount of Each Receipt this Period 500.00
Zip Code 78705-1019		Batch Tool - PAC
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia Bradford		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 608 Stanton L Young Boulevard Dean A McGee Eye Inst		<b>Transaction ID:</b> CJUW1T232879
City Oklahoma City	State OK	Amount of Each Receipt this Period 500.00
Zip Code 73104-5014		Batch Tool - PAC
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OUHSC	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Brennan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 1214 Vaughn Road		<b>Transaction ID:</b> CJUW1T685410
City Burlington	State NC	Amount of Each Receipt this Period 365.00
Zip Code 27217-2863		Batch Tool - PAC
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) William Cain		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1920 Pickens Street		<b>Transaction ID:</b> 3DYPWY148338
City Columbia	State SC	Zip Code 29201-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	
Batch Tool - PAC		

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Colombo		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 1701 South Boulevard E Suite 180		<b>Transaction ID:</b> 3DYYWA324761
City Rochester Hills	State MI	Zip Code 48307-6122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	
Batch Tool - PAC		

<b>C.</b> Full Name (Last, First, Middle Initial) Frank Cotter		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 1789 Vistar Eye Center		<b>Transaction ID:</b> CJVBIN381783
City Roanoke	State VA	Zip Code 24008-1789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	
Batch Tool - PAC		

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.** Full Name (Last, First, Middle Initial)  
Martha Damaske Snearly  
Mailing Address 8055 Twin Oaks Drive

City State Zip Code  
Broadview Heights OH 44147-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 0 6

Transaction ID: CJV477463203

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Edgar Dapremont  
Mailing Address PO Box 6545

City State Zip Code  
Gulfport MS 39506-6545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

Transaction ID: 63752-16140383481979

Amount of Each Receipt this Period

250.00

PAC 3rd of 4

**C.** Full Name (Last, First, Middle Initial)  
Jonathan Davidorf  
Mailing Address 7320 Woodlake Avenue  
Suite 190

City State Zip Code  
West Hills CA 91307-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

Transaction ID: CJVBIN520222

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 38

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Dennis Mailing Address 116-B Ashley Avenue City Charleston State SC Zip Code 29401-1249 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 48696-78994387388230 Amount of Each Receipt this Period 250.00 SSF 4th of 4
<b>B.</b> Full Name (Last, First, Middle Initial) Louise Doyle Mailing Address 2020 Kenny Road City Columbus State OH Zip Code 43221-3502 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> CJUW8T515756 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Drysdale Mailing Address 3645 S Main Street City Blacksburg State VA Zip Code 24060-7018 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> 3DYSBR331736 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Fecko		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address 195 W Brown Street		<b>Transaction ID:</b> 3DYSBR197857	
City Birmingham	State MI	Zip Code 48009-6018	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name (Last, First, Middle Initial) John Frangie		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 22 University Drive Pioneer Valley Ophthalmic Consulta		<b>Transaction ID:</b> CJVBIN814116	
City Amherst	State MA	Zip Code 01002-2243	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name (Last, First, Middle Initial) Geoffrey Garrett		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1455 E Bert Kouns Industrial Loop Highland Clinic		<b>Transaction ID:</b> CJVBIN589471	
City Shreveport	State LA	Zip Code 71105-5634	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) John Geanon Mailing Address 1025 Regent Street City Madison State WI Zip Code 53715-1248 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 <b>Transaction ID:</b> 3DYSBR030082 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Greco Mailing Address 11 Church Street Unit 706 City Salem State MA Zip Code 01970-3766 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 <b>Transaction ID:</b> 3DYSBR494874 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Greenwald Mailing Address 1119 E 53rd Street City Chicago State IL Zip Code 60615-4410 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 <b>Transaction ID:</b> 3DYSBR132361 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Erich Groos		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 2011 Murphy Avenue Suite 602 Cornea Consultants of Nashville		<b>Transaction ID:</b> 61863-85821169614792	
City Nashville	State TN	Zip Code 37203-2023	<b>Amount of Each Receipt this Period</b> 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>PAC 3rd of 4</b>	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Hettinger		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 7504 Antioch Road		<b>Transaction ID:</b> CJVBIN355928	
City Overland Park	State KS	Zip Code 66204-2622	<b>Amount of Each Receipt this Period</b> 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>Batch Tool - PAC</b>	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Hogrefe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 130 Center Way Guthrie Med Grove		<b>Transaction ID:</b> 3DYYWA596883	
City Corning	State NY	Zip Code 14830-2255	<b>Amount of Each Receipt this Period</b> 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>Batch Tool - PAC</b>	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Cleve Howard		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 9035 Southwest 72nd Street Suite 203		<b>Transaction ID:</b> CJV2UG067156	
City Miami	State FL	Zip Code 33173-3441	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 6	
Mailing Address 50 Staniford Street Suite 600		<b>Transaction ID:</b> 63219-09878176450729	
City Boston	State MA	Zip Code 02114-2517	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Jerry Hunsaker		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address 4707 Everhart Road Suite 106		<b>Transaction ID:</b> 3DYSBR653267	
City Corpus Christi	State TX	Zip Code 78411-2736	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

2615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gordon Johns		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 2517 Northeast Kresky Avenue Pacific Cataract and Laser Inst		<b>Transaction ID:</b> 3DYXN5672436
City State Zip Code Chehalis WA 98532-2409	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 1300 E 20th Street Cheyenne Eye Clinic		<b>Transaction ID:</b> CJUW1T598943
City State Zip Code Cheyenne WY 82001-4021	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Kato		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 2020 Fleischmann Road		<b>Transaction ID:</b> 1X3Q49UE1KUE2
City State Zip Code Tallahassee FL 32308-4599	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas Kokoris		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 7749 Painter Avenue		<b>Transaction ID:</b> 3DYSBR638200
City Whittier	State CA	Zip Code 90602-2411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

<b>B.</b> Full Name (Last, First, Middle Initial) Kristine Kunesh-Part		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2601 Far Hills Avenue		<b>Transaction ID:</b> 3DYPWY741692
City Dayton	State OH	Zip Code 45419-1634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	

Batch Tool - PAC

<b>C.</b> Full Name (Last, First, Middle Initial) Bernd Kutzscher		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 172 32nd Avenue		<b>Transaction ID:</b> 3DYPWY264723
City San Francisco	State CA	Zip Code 94121-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Kwasny		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 2300 N Mayfair Road Suite 1030		<b>Transaction ID:</b> CJUYIB852589
City Milwaukee	State WI	Zip Code 53226-1505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kathy Lentz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 851 E 5th Street Suite 116 Washington Eye Surgeons		<b>Transaction ID:</b> 3DYSBR155077
City Washington	State MO	Zip Code 63090-3128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Levine		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 372 Chandler Street Courtland Yard		<b>Transaction ID:</b> 3DYZZO006626
City Worcester	State MA	Zip Code 01602-3300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Macy

Mailing Address 8635 W 3rd Street Suite 360W

City

Los Angeles

State

CA

Zip Code

90048-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 3DYSBR524778

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Ahad Mahootchi

Mailing Address PO Box 1059

City

Zephyrhills

State

FL

Zip Code

33539-1059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: CJV32D747753

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Alfred Marrone

Mailing Address 3440 Lomita Boulevard  
Suite 451

City

Torrance

State

CA

Zip Code

90505-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

Transaction ID: CJUYIB527307

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Mason Mailing Address 7777 Southwest Freeway Suite 934 City State Zip Code Houston TX 77074-1802 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 <b>Transaction ID:</b> CJUW8T465723 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Malcolm Mazow Mailing Address 2855 Gramercy Street City State Zip Code Houston TX 77025-1635 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 01 / 04 / 2006 <b>Transaction ID:</b> 3DYQZU862160 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Connie McCaa Mailing Address 2500 N State Street Floor 3 Unv MS Med Center/McBryde Building City State Zip Code Jackson MS 39216-4500 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 19 / 2006 <b>Transaction ID:</b> 65323-23687380552292 Amount of Each Receipt this Period 250.00 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Read McGehee		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 400 Westhampton Station Virginia Eye Inst		<b>Transaction ID:</b> 3DYSBR361438
City Richmond	State VA	Amount of Each Receipt this Period 500.00
Zip Code 23226-3330		Batch Tool - PAC
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Timothy McInnis		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 300 N Willson Avenue Suite 1003 Medical Eye Specialists Pc		<b>Transaction ID:</b> 2HO3JE8LSYD36
City Bozeman	State MT	Amount of Each Receipt this Period 500.00
Zip Code 59715-3551		PACWEB GENERATED CONTRIBU- TION
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Migliori		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 120 Dudley Street Suite 301		<b>Transaction ID:</b> EUK2DN245894
City Providence	State RI	Amount of Each Receipt this Period 500.00
Zip Code 02905-2436		Batch Tool - PAC
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Morgan Mailing Address 1617 Steele Boulevard City State Zip Code Baton Rouge LA 70808-1192 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 04 / 2006 <b>Transaction ID:</b> 3DYQZU182863 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) G. Neatrou Mailing Address 2676 Wimbledon Point Drive City State Zip Code Virginia Beach VA 23454-1167 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 01 / 11 / 2006 <b>Transaction ID:</b> 3DYZZO458171 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Olson Mailing Address 2001 Nicole Road Deerwood Estates City State Zip Code Fort Dodge IA 50501-8726 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 <b>Transaction ID:</b> 3DYSBR534565 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 38

(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Elba Pacheco		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 819 Ritchie Highway Suite 1020		<b>Transaction ID:</b> 3DYSBR816086
City State Zip Code Severna Park MD 21146-4197	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Parelman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 3830 W 75th Street		<b>Transaction ID:</b> CJUW8T155801
City State Zip Code Prairie Village KS 66208-4128	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) William Phillips		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3236 Spriggs Request Way		<b>Transaction ID:</b> CJV477185818
City State Zip Code Mitchellville MD 20721-2524	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Tedd Puckett Mailing Address 1209 Valley View Street City Radford State VA Zip Code 24141-3831 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> CJUXCO121145 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Vadrevu Raju Mailing Address 3140 Collins Ferry Road City Morgantown State WV Zip Code 26505-3352 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 3DYXN5076325 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Rice Mailing Address 2055 15th St. N Suite D City Saint Cloud State MN Zip Code 56303-1747 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 3DYYWA644222 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) William Rich		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 6231 Leesburg Pike Suite 608		<b>Transaction ID:</b> CJUW1T710410
City Falls Church	State VA	Zip Code 22044-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Batch Tool - PAC

<b>B.</b> Full Name (Last, First, Middle Initial) H. Richert		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 1750 Pine Street		<b>Transaction ID:</b> 3DYSBR223600
City Abilene	State TX	Zip Code 79601-3044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Rosenfeld		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 16201 Military Trail Delray Eye Assoc		<b>Transaction ID:</b> 3DYPWY853011
City Delray Beach	State FL	Zip Code 33484-6503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Siv Saetre Mailing Address 4061 Treeline Drive City Bettendorf State IA Zip Code 52722-7155 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> CJV84A463424 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Noel Saks Mailing Address 845 Beverly Place City Deerfield State IL Zip Code 60015-3441 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> EUK2DN566131 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address 104 Rose Lane City Haverford State PA Zip Code 19041-1604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 63219-30886477231979 Amount of Each Receipt this Period 250.00 PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional) .....

980.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Delia Sang Mailing Address 73 Chatham Street City State Zip Code Brookline MA 02446-5451 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1250.00</div>		Date of Receipt <div>01 / 15 / 2006</div> <b>Transaction ID:</b> 63219-67133730649948 Amount of Each Receipt this Period <div>1250.00</div> PAC 2nd of 4
<b>B.</b> Full Name (Last, First, Middle Initial) Christianne Schoedel Mailing Address 360 Saint Charles Way City State Zip Code York PA 17402-4647 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>625.00</div>		Date of Receipt <div>01 / 10 / 2006</div> <b>Transaction ID:</b> 3DYYWA184725 Amount of Each Receipt this Period <div>625.00</div> Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Schwartz Mailing Address 2650 Elm Avenue Suite 108 City State Zip Code Long Beach CA 90806-1651 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>01 / 05 / 2006</div> <b>Transaction ID:</b> 3DYSBR656015 Amount of Each Receipt this Period <div>300.00</div> Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

**2175.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Michael Steiner

Mailing Address 16233 Sylvester Road Southwest  
Suite 220

City State Zip Code  
Burien WA 98166-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 6

Transaction ID: 3DYZZO474022

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Richard Storm

Mailing Address 303 E Park Avenue

City State Zip Code  
Long Beach NY 11561-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: 3DYQZU242858

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Domenic Strazzulla

Mailing Address 500 Congress Street  
Suite 1A1

City State Zip Code  
Quincy MA 02169-0908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 6

Transaction ID: CJV5CH445243

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1230.00

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Vincent Sutton Mailing Address 1710 S 70th Street PO Box 6068 City Lincoln State NE Zip Code 68506-1676 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> 3DYSBR147413 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Jerome Swale Mailing Address 264 Fox Trail Drive City Bourbonnais State IL Zip Code 60914-1735 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 61863-10937136411666 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Van Houten Mailing Address 2501A Stantonsburg Road East Carolina Retina Consultants City Greenville State NC Zip Code 27834-7213 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 63219-30817812681198 Amount of Each Receipt this Period 250.00 PAC 3rd of 4

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Vrabec Mailing Address 21 Park Place Valley Eye Associates City Appleton State WI Zip Code 54914-8872 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 09 / 2006 <b>Transaction ID:</b> 61863-21336001157760 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Walker Mailing Address 6901 International Center Boulevard City Fort Myers State FL Zip Code 33912-7125 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 11 / 2006 <b>Transaction ID:</b> 3DYZZO085578 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Wilson Wallace Mailing Address 1701 N Federal Highway City Boca Raton State FL Zip Code 33432-1909 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 01 / 04 / 2006 <b>Transaction ID:</b> 3DYQZU668662 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) L. Watkins Mailing Address 427 W 20th Street Suite 100 City State Zip Code Houston TX 77008-2425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 01 / 04 / 2006 <b>Transaction ID:</b> 3DYQZU290906 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) John Wells Mailing Address 2750 Laurel Street Suite 101 City State Zip Code Columbia SC 29204-2038 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 <b>Transaction ID:</b> CJUW8T341622 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Wheeler Mailing Address 387 Town Mountain Road Suite 107 City State Zip Code Pikeville KY 41501-1640 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 <b>Transaction ID:</b> 3DYSBR185711 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Whitted		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 4353 Dodge Street Midwest Eye Care		<b>Transaction ID:</b> CJUW1T547457
City Omaha	State NE	Zip Code 68131-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

<b>B.</b> Full Name (Last, First, Middle Initial) George Wong		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2601 N Flagler Drive Suite 302		<b>Transaction ID:</b> 3DYPWY635255
City West Palm Beach	State FL	Zip Code 33407-5542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

<b>C.</b> Full Name (Last, First, Middle Initial) Lyn Yakubov		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 10 Dutton Drive Eye Care Assoc Inc		<b>Transaction ID:</b> 3DYPWY145854
City Youngstown	State OH	Zip Code 44502-1818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harry Zink

Mailing Address 3519 Friendsville Road

City

Wooster

State

OH

Zip Code

44691-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 6

Transaction ID: CJV6IK218166

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

45425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 38

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Leonard Feiss

Mailing Address B. P. 142

City

Beaune Cedex

State

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: 3DYYWA119541

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Union Bank

Mailing Address 400 California Street

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Bank charges 1/06

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2927460602104393466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

852.54

**SUBTOTAL** of Disbursements This Page (optional) .....

852.54

**TOTAL** This Period (last page this line number only) .....

852.54

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement  
2006 Primary

Candidate Name  
Gonzalez Charles

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 0337530601185660575

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Congressman Joe Barton Committee, the

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
2006 Primary

Candidate Name  
Barton Joe

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 06

Transaction ID: 5513510601045945671

Date of Disbursement

01 / 05 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Cummings for Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
2006 Primary

Candidate Name  
Cummings Elijah

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 7475640601185654044

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
2006 Primary

Candidate Name  
Blackburn Marsha

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

**Transaction ID:** 0548900601045939235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Re-Elect McGovern Committee**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
2006 Primary

Candidate Name  
McGovern James

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 03

**Transaction ID:** 9973960601185644511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2006 Primary

Candidate Name  
Roskam Peter

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

**Transaction ID:** 0857440601185638880

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

6500.00

Image# 26920021407

Form/Schedule: **F3XA**      This amended report corrects Line 17, Other Federal Receipts.

Transaction ID:

\*\*\*\*\*